



**DELAWARE HEALTH
AND SOCIAL SERVICES**

Division of Public Health

(01/04)
ORC-R16

APPLICATION FOR RADIOGRAPHY CERTIFICATE

Please complete and return this application with a non-refundable/non-transferable application fee of \$10.00 towards obtaining a radiography certificate. See below for specific examination fees. Make check or money order (cash will not be accepted) payable to the **State of Delaware** and mail to the following address. Please allow two (2) weeks for processing.

Delaware Division of Public Health
Office of Radiation Control
417 Federal Street
Dover, DE 19901

(PLEASE TYPE OR PRINT LEGIBLY)

NAME: _____ DAY TIME PHONE: _____

EVENING PHONE: _____

HOME ADDRESS: _____

CITY: _____ STATE _____ ZIP: _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

APPLYING FOR RADIOGRAPHY CERTIFICATION IN:

\$10.00 check or money order made payable to the State of Delaware:

____ DENTAL **I HAVE NATIONAL CERTIFICATION: YES ___ NO ___ (IF NO, COMPLETE**
____ MEDICAL (X-RAY) **SECTION UNDER LIMITED SCOPE OR DENTAL EXAMINEES)**
____ NUCLEAR MEDICINE **CARD NUMBER: _____ (PROOF REQUIRED)**
____ RADIATION THERAPY **ENCLOSE COPY OF MEMBERSHIP CARD.**

I am scheduled to take a national board examination on _____ (date). Enclosed is a copy of my reservation or processing status report.

STATE EXAMINEES (LIMITED SCOPE: MEDICAL RADIATION TECHNICIANS)

EXAMINATION FEE: \$80.00 (includes application fee) made payable to the State of Delaware.

(Your name, address, birth date and social security number will be sent to the American Registry of Radiologic Technologists for processing to determine exam date). I plan to take the following examinations: (check all that apply):

___ Chest ___ Extremities ___ Skull ___ Spine ___ Bone Densitometry ___ Podiatry

ARE YOU CURRENTLY ENROLLED IN A JRCERT* APPROVED RADIOLOGY PROGRAM? YES ___ NO ___

*JRCERT denotes Joint Review Committee on Education in Radiologic Technology/Therapy

DENTAL EXAMINEES – Please indicate if you have taken exam before. YES ___ NO ___

EXAMINATION FEE: \$10.00 check or money order made payable to the State of Delaware. Upon submitting this form, you will be sent an Exterior application, a candidate information bulletin, and the Delaware manual. Exterior examination dates and examination fees are specified on the Exterior application.

THIS APPLICATION WILL EXPIRE SIX MONTHS FROM DATE OF SUBMISSION

APPLICANT'S SIGNATURE

DATE